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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS** 

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	Application Number	10/057,649	
QUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF	Filing Date	01/25/2002	
	First Named Inventor	Sverre Paaske, Molde	
	Art Unit	1654	
RRESPONDENCE ADDRESS	Examiner Name	Michele Flood	
	Attorney Docket Number	MEDIS-06906	

To: Commissioner for P.O. Box 1450 Alexandria, VA 22						
Please withdraw me	as attorney or agent for the ab	ove identified patent app	olication, and			
X all the attorneys	s/agents of record.					
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	CORRESPO	ONDENCE ADDR	ESS			
The correspondence address is NOT affected by this withdrawal.  Change the correspondence address and direct all future correspondence to:						
The address associated with Customer Number:  BioMedis Attn: Sverre Paaske Nedre Vollgt 8 N-0158, Oslo Norway UK						
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Name J. Mitchell	Jones	F	Registration No. 44-1	74		
Date 06/13/2005	V	1	elephone No. 608-	218-6900		
	nen approved rather than when receive o or possible extension period, the reau			withdrawal and the expiration		

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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